

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450



Docket No.: 301.1003  
Date: June 23, 2004

1616  
\$  
ER

In re application of: Mark SANDERS  
Serial No.: 10/009,956  
Filed: April 12, 2002  
For: **MEDICAMENTS FOR TREATING RESPIRATORY DISORDERS COMPRISING FORMOTEROL AND FLUTICASONE**

Sir:

Transmitted herewith is an **Amendment** in the above-identified application.

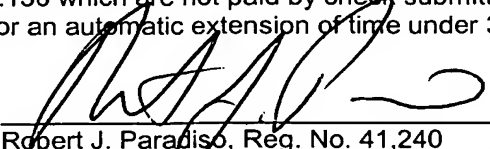
- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	* Minus**	=	0	x \$ 9	\$		x \$ 18	\$
INDEP. CLAIMS	* Minus***	=	0	x \$ 42	\$		x \$ 84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140	\$		+ \$280	\$

TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

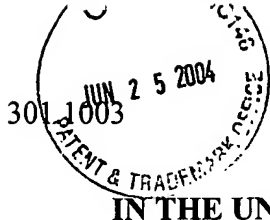
- ☒ Also transmitted herewith are:  
☒ Petition for extension under 37 C.F.R. 1.136  
☒ Other: **Supplemental Information Disclosure Statement; Exhibit A; and PTO-Form 1449 with cited references**
- ☒ Check(s) in the amount of **\$420.00 and \$180.00** is/are attached to cover:  
☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☒ Petition fee for extension under 37 C.F.R. 1.136  
☒ Other: **Information Disclosure Statement Fee**
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on

June 23, 2004  
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Mark SANDERS  
Serial No.: 10/009,956  
Filed: April 12, 2002  
For: **MEDICAMENTS FOR TREATING  
RESPIRATORY DISORDERS COMPRISING  
FORMOTEROL AND FLUTICASONE**  
Examiner: Gollamudi, Sharmila S.  
Art Unit: 1616

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

June 23, 2004

Sir:

In response to the Office Action mailed January 23, 2004, please amend the above-identified application as follows:

**Amendments** to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.